

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	22-0178
Date:	7-29-2022
Amount Paid:	\$750 5-27-22 R/S Acc Bldg Add \$16
Other:	
Refund:	



INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: John D Schmidt				Mailing Address: 8132 S. Oakwood Ave				City/State/Zip: Neenah WI 54956				Telephone: 740-8481			
Address of Property: 58205 Bay Anderson Rd.				City/State/Zip: Mason WI 54856								Cell Phone: 740-8481			
Email: (print clearly)															
Contractor:				Contractor Phone:				Plumber:				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Required (for Agent)			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID#		Recorded Document: (Showing Ownership)									
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #	
Section 33		Township 46		N, Range 05		W		Town of: Kelly		Lot Size		Acreage 20			

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$7000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: conventional	<input checked="" type="checkbox"/> water tank
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> First wall	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____		<input checked="" type="checkbox"/> Seasonal		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length: 64'	Width: 40'	Height: 12'
Proposed Construction: (overall dimensions)	Length: 40' 16'	Width: 16' 46'	Height: 12'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( X )	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input checked="" type="checkbox"/>	Addition/Alteration (explain) Addition to pole shed	( 40' X 16' )	640
	<input type="checkbox"/>	Accessory Building (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): John D. Schmidt  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 5-1-22

Authorized Agent: \_\_\_\_\_ (See Note below)  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit 8132 S. Oakwood Ave Neenah WI 54956

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over



APPLICANT - PLEASE COMPLETE PLOT PLAN

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (\*):

(4) Show:

(5) Show:

(6) Show any (\*):

(7) Show any (\*):
- Proposed Construction

North (N) on Plot Plan

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

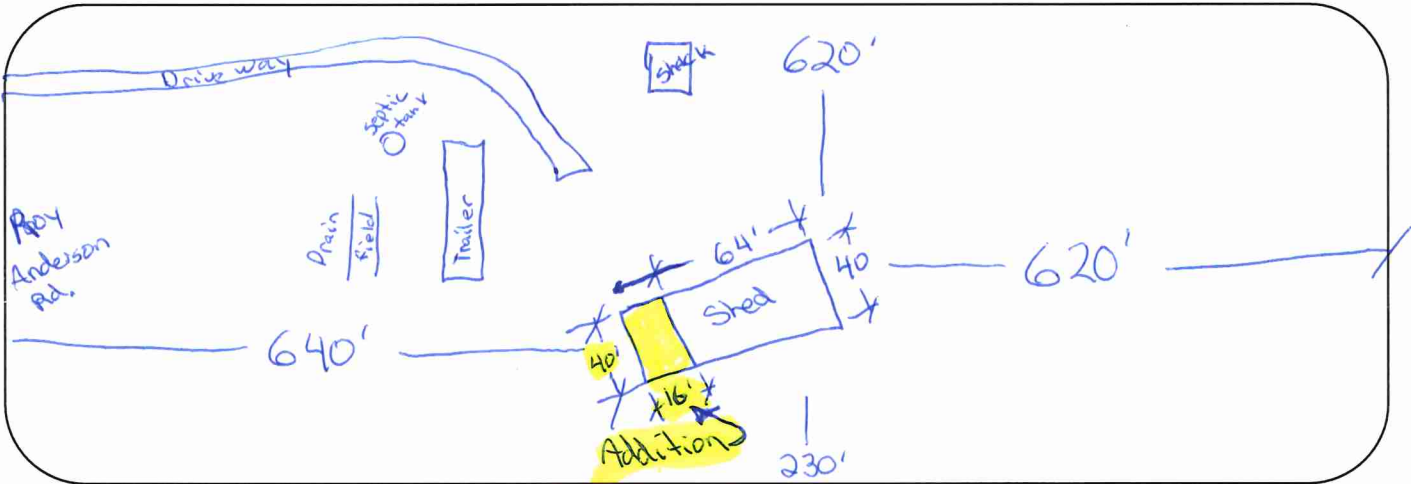
All Existing Structures on your Property

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(\*) Wetlands; or (\*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	230' Feet		
Setback from the South Lot Line	620' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	620' Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	640' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	65' Feet	Setback to Well	Feet
Setback to Drain Field	50' Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE(s):** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

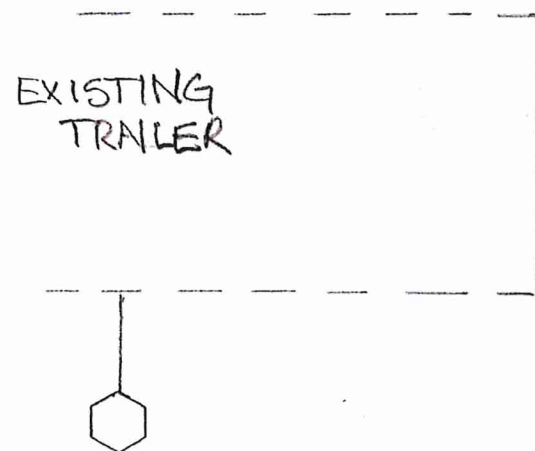
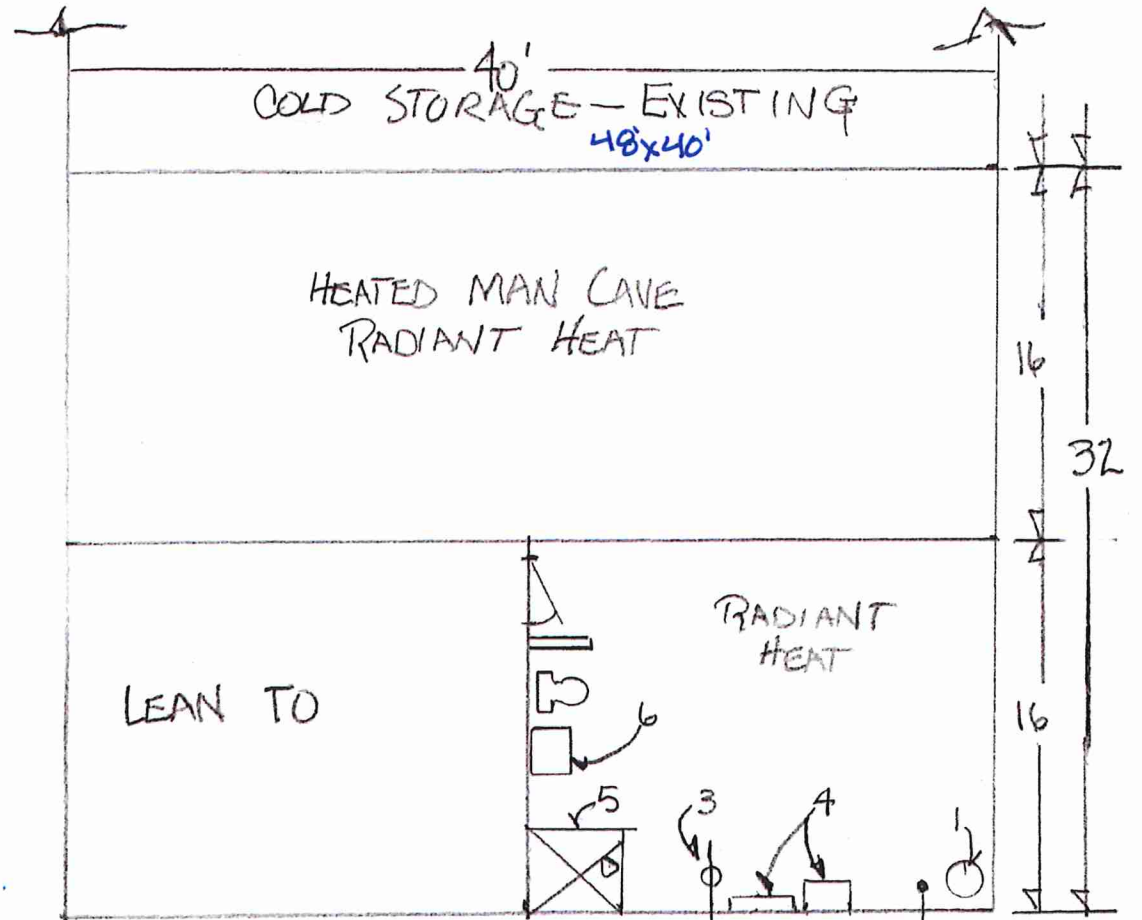
If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 18-6AS	# of bedrooms: 2	Sanitary Date: 7/11/2018
Permit Denied (Date):	Reason for Denial:		
Permit #: 22-0178	Permit Date: 7-29-2008		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input type="checkbox"/> Yes
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: Staked No concerns.	Zoning District (A1)		Lakes Classification (1)
Date of Inspection: 6/6/2022	Inspected by: ms	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) To meet all Setbacks including eaves and overhangs. No sleeping quarters. For personal storage.			
Signature of Inspector: [Signature]			Date of Approval: 7/26/22
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

CONCEPTUAL DRAWING  
 JOHN SCHMIDT  
 58205 ROY ANDERSON RD  
 MASON WI. 54256

1. PRESSURE TANK
2. WELL
3. 4" CLEAN OUT
4. COMBO BOILER/W.H. & PANEL
5. 56x34 SHOWER
6. 24x26 LAUNDRY TUB



1/8" SCALE

4" INTERNAL  
 CLEAN OUT @  
 15' INTERVAL  
 1/2" / FT PITCH

8' MIN.

Glenn Kyles  
 CR 222 563 6/22/2022



Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

## PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **22-0178** Issued To: **John Schmidt**

**NE of the**  
Location: **SE** ¼ of **SE** ¼ Section **33** Township **46** N. Range **5** W. Town of **Kelly**  
**In V.1130 P.714**

Gov't Lot	Lot	Block	Subdivision	CSM#
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**Residential Structure in Ag-1 zoning district**  
For: **Accessory Add/Alt: [ 1- Story ]; Pole Shed Addition (40' x 16') = 640 sq. ft. ] Height of 12'**

**(Disclaimer): Any future expansions or development would require additional permitting.**

**Condition(s): For personal storage only. Not for Human Habitation or Sleeping Purposes. If Pressurized water enters structure a sanitary permit is required prior. Must meet and maintain setbacks including eaves and overhangs.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**McKenzie Slack, AZA**

Authorized Issuing Official

**July 29, 2022**

Date

# BAYFIELD COUNTY SANITARY PERMIT APPLICATION

ENTERED

Zoning District \_\_\_\_\_  
Lakes Class \_\_\_\_\_

<b>I. APPLICATION INFORMATION</b> (Please Print All Information)				Soil Test No:		County Permit No: <b>22-0179</b>				
Property Owner's Name: <b>JOHN SCHMIDT</b>				County: <b>Bayfield</b>						
Address of Property: <b>58205 ROY ANDERSON RD</b>				Property Location: Sec 33 Tn 46 Rg 05 NE SE SE IN V. 1130 P. 14 1/4 1/4 S T N, R E (or) W						
Property Owner's Mailing Address: <b>8132 S. OAKWOOD AVE</b>				Township: <b>Kelly</b>		Gov. Lot #:				
City, State <b>NEENAH</b>	Zip Code <b>54956</b>	Phone Number <b>920-740-8481</b>	Lot #	Block #	CSM #	CSM Doc #	Subdivision Name			
<b>II. TYPE OF BUILDING: (Check One)</b>				Tax ID#:						
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <b>0</b>				<b>36961 04-026-2-46-05-33-4 04-000-11000</b>						
<b>III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)</b>										
A) <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input checked="" type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) _____										
B) <input checked="" type="checkbox"/> A Sanitary Permit was previously issued. <b>Previous Permit Number: 18-625</b> Date Issued: <b>7-11-2018</b>										
<b>IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above</b>										
C) <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet										
<b>V. ABSORPTION SYSTEM INFORMATION:</b>										
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)				
<b>VI. TANK INFORMATION:</b>										
Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber - glass	Plastic	Exper. App.
New Tanks	Existing Tanks									
Septic Tank or Holding Tank		<b>750</b>	<b>750</b>	<b>1</b>	<b>Wieser</b>	<b>X</b>				
Lift Pump Tank / Siphon Chamber										
<b>VII. RESPONSIBILITY STATEMENT:</b>										
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.										
Owner's Name(s): (Print) If applying for Section C above						Owner's Signature(s): (No Stamps)				
Plumber's Name: (Print) If applying for Section A or B above <b>GLENN A KEYES</b>						Plumber's Signature: (No Stamps) <i>Glenn A Keyes</i>			MP/MPRSW No: <b>222563</b>	
Plumber's Address: (Street, City State, Zip Code) <b>305 CAROLINE ST NEENAH 54956</b>						Home Phone: <b>920 2092666</b>			Business Phone: <b>SAME</b>	
<b>VIII. COUNTY / DEPARTMENT USE ONLY</b>										
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination		Sanitary Permit/Transfer Fee: <b>22-0179 \$150 7-26-22 JLG</b>		Date Issued: <b>7-29-22</b>		Issuing Agent's Signature / Date: <i>MGC</i> <b>7/29/2022</b> <b>1527412</b>				
<b>IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>										
<b>1.) Connection to be made by master plumber.</b>										

Plot Plan on reverse side



Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE –  
SANITARY – **X Reconnect (18-62S)**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **22-0179** Issued To: **John Schmidt**

NE of the

Location: **SE**  $\frac{1}{4}$  of **SE**  $\frac{1}{4}$  Section **33** Township **46** N. Range **5** W. Town of **Kelly**  
In V.1130 P.714

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **RECONNECTION TO EXISTING 750 Gal WIESER SYSTEM**

**Condition(s):** **Reconnection to be conducted by a Master Plumber.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

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This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**McKenzie Slack, AZA**

Authorized Issuing Official

**July 29, 2022**

Date